


FILED

Jul 25 1997 8:00am
Secretary of State

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|---|--|---|--|---|--|
| PROFIT CORPORATION ANNUAL REPORT 1997 | |  | | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS | |
| DOCUMENT # P23371 | | | | (8) | |
| 1. Corporation Name J.F. DAY AND COMPANY, INC. | | | | | |
| Principal Place of Business P.O. BOX 10368 BIRMINGHAM AL 35202-7368 | | Mailing Address P.O. BOX 10368 BIRMINGHAM AL 35202-7368 | | | |
| 2. Principal Place of Business | | 2a. Mailing Address | | | |
| 21 Suite, Apt. #, etc. | | 26 Suite, Apt. #, etc. | | | |
| 22 City & State | | 27 City & State | | | |
| 23 Zip Country | | 28 Zip Country | | | |
| 24 | | 29 | | | |
| 25 | | 30 | | | |
| 9. Name and Address of Current Registered Agent | | | | | |
| CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 | | | | 81 Name | |
| | | | | 82 Street Address | |
| | | | | 83 | |
| | | | | 84 City | |
| 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation, office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation, agent, I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. | | | | | |
| SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required) | | | | | |
| 12. OFFICERS AND DIRECTORS | | | | | |
| TITLE | | PD | | <input type="checkbox"/> DELETE | |
| NAME | | DAY, III, J. FRANK | | | |
| STREET ADDRESS | | 2820 6TH AVENUE SOUTH | | | |
| CITY-ST-ZIP | | BIRMINGHAM AL | | | |
| TITLE | | VD | | <input type="checkbox"/> DELETE | |
| NAME | | EVANS, ROBERT B | | | |
| STREET ADDRESS | | 2820 6TH AVENUE SOUTH | | | |
| CITY-ST-ZIP | | BIRMINGHAM AL | | | |
| TITLE | | STD | | <input type="checkbox"/> DELETE | |
| NAME | | DAY, JR., J.F. | | | |
| STREET ADDRESS | | 2820 6TH AVENUE SOUTH | | | |
| CITY-ST-ZIP | | BIRMINGHAM AL | | | |
| TITLE | | | | <input type="checkbox"/> DELETE | |
| NAME | | | | | |
| STREET ADDRESS | | | | | |
| CITY-ST-ZIP | | | | | |
| TITLE | | | | <input type="checkbox"/> DELETE | |
| NAME | | | | | |
| STREET ADDRESS | | | | | |
| CITY-ST-ZIP | | | | | |
| TITLE | | | | <input type="checkbox"/> DELETE | |
| NAME | | | | | |
| STREET ADDRESS | | | | | |
| CITY-ST-ZIP | | | | | |
| 13. | | | | | |
| 1.1 TITLE | | | | | |
| 1.2 NAME | | | | | |
| 1.3 STREET ADDRESS | | | | | |
| 1.4 CITY-ST-ZIP | | | | | |
| 2.1 TITLE | | | | | |
| 2.2 NAME | | | | | |
| 2.3 STREET ADDRESS | | | | | |
| 2.4 CITY-ST-ZIP | | | | | |
| 3.1 TITLE | | | | | |
| 3.2 NAME | | | | | |
| 3.3 STREET ADDRESS | | | | | |
| 3.4 CITY-ST-ZIP | | | | | |
| 4.1 TITLE | | | | | |
| 4.2 NAME | | | | | |
| 4.3 STREET ADDRESS | | | | | |
| 4.4 CITY-ST-ZIP | | | | | |
| 5.1 TITLE | | | | | |
| 5.2 NAME | | | | | |
| 5.3 STREET ADDRESS | | | | | |
| 5.4 CITY-ST-ZIP | | | | | |
| 6.1 TITLE | | | | | |
| 6.2 NAME | | | | | |
| 6.3 STREET ADDRESS | | | | | |
| 6.4 CITY-ST-ZIP | | | | | |



DO NOT WRITE IN THIS SPACE

| | | | |
|---|--|---|----------|
| 3. Date Incorporated or Qualified 03/13/1989 | | 3a. Date of Last Report 09/23/1996 | |
| 4. FEI Number 63-0055795 | | <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 10. Name and Address of New Registered Agent | | | |
| (P.O. Box Number is Not Acceptable) | | | |
| FL | | 85 | Zip Code |

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|--|--|--|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PD DAY, III, J. FRANK 2820 6TH AVENUE SOUTH BIRMINGHAM AL <input type="checkbox"/> DELETE | 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | VD EVANS, ROBERT B 2820 6TH AVENUE SOUTH BIRMINGHAM AL <input type="checkbox"/> DELETE | 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | STD DAY, JR., J.F. 2820 6TH AVENUE SOUTH BIRMINGHAM AL <input type="checkbox"/> DELETE | 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> DELETE | 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> DELETE | 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> DELETE | 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

16. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* REQUIRED

7-21-97 (205) 328-6776

CR2E034 (4/97)